EXHIBIT A-2

Statement of Work Template

STATEMENT OF WORK FOR IT CONTINGENT WORKERS BETWEEN STATE OF MISSISSIPPI, Department of Finance & Administration AND GUIDESOFT, INC., d/b/a KNOWLEDGE SERVICES

9/9/2020

Becky Thompson Mississippi Department of Finance & Administration 301 North Lamar Street Jackson, MS 39201

Authorization for work performed pursuant to this Statement of Work ("SOW") is granted under the terms of the Master Consulting Services Agreement between GuideSoft, Inc. d/b/a Knowledge Services and Mississippi Department of Information Technology Services.

73956 **Knowledge Services Posting Number: IT Contingent Worker Name:** Swapna Mandaru Vendor Name: InstantServe LLC Developer Position Title: Regular Hourly Bill Rate: \$84.00 \$84.00 OT Hourly Bill Rate (if applicable): Original Number of Hours to be worked: 3.813 Amendment 1: Number of hours to be worked: Click or tap here to enter text. Amendment 2: Number of hours to be worked: Click or tap here to enter text. Amendment 3: Number of hours to be worked: Click or tap here to enter text. \$320,292.00 Original Total Cost of SOW: (Not to exceed) Click or tap here to enter text. • Amendment 1: Total Cost of SOW: (Not to exceed) Amendment 2: Total Cost of SOW: (Not to exceed) Click or tap here to enter text. • Amendment 3: Total Cost of SOW: (Not to exceed) Click or tap here to enter text. 9/21/2020 Start Date of Service: 6/30/2022 **Original End Date of Service:** Amendment 1: End Date of Service: Click or tap to enter a date. Amendment 2: End Date of Service: Click or tap to enter a date. Amendment 3: End Date of Service: Click or tap to enter a date. 301 North Lamar Street Work Location: Jackson, MS 39201

Revised 07/10/2019

STATE OF MS IT STAFF AUG

For the faithful performance of the terms of this Statement of Work, the parties hereto have caused this Statement of Work to be executed by their undersigned authorized representatives.

Mississippi Department of Finance and Administration	GuideSoft Inc., d/b/a Knowledge Services
Becky Thompson Digitally signed by Becky Thompson Date: 2020.09.10 11.16:35 -05'00'	Doreen De Lancy
Authorized Signature	Authorized Signature
Becky Thompson	
Printed Name	Printed Name
DFA - Deputy Executive Director	Program Manager
Title	Title
9/10/2020	9/9/2020
Date	Date